



CREDIT APPLICATION FORM A BUSINESS ACCOUNT

hello@cateringzone.com.au (02 93262365)

ABN 88629717737

BUSINESS CONTACT DETAILS

Company Name		Address	
Contact Person name		State/postcode	
Mobile		Monthly Spend	
Landline		Email	

ACCOUNTS PAYABLE: CONTACT FOR INVOICES/REMITTANCES/PAYMENTS

Accounts Payable Contact Name		Accounts Payable Email	
Accounts Payable Contact Mobile Number		Accounts Payable Landline number	

PAYMENT OPTIONS

Payment for an account via Credit Card Authorisation

Card Holder Name		Card Type	
Credit Card Number		Expiry date	
Card Holder Signature		CCV	

By signing this form I acknowledge that I have read all Terms & Conditions of Catering Zone Credit Account and agree to the same I authorise Catering Zone to deduct the food/beverage or other products/services ordered from the Credit Card listed on this form:

Signature & Date	<input type="text"/>	Date
------------------	----------------------	------------

Bank Account details:

Catering Zone PTY. LTD. Bank ANZ BSB 012281 Account No. 413655056

Account terms and conditions

Account Terms Days From the date of the invoice
---------------	---

Claims arising from invoices must be made within seven working days. Minimum average spends of approximately \$500 per month apply to maintain an account at Cateringzone.

Catering zone

Signature

Your Company

Company Name		Company Name *	
Position		Position*	
Print Name		Print Name*	
Sign & Date		Sign & Date*	

Office use

Approved by		Date		Monthly Spend Approved	
-------------	--	------	--	------------------------	--